KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS PRIVATE OFFICERS LICENSING UNIT

APPLICATION FOR LICENSE

| | | | Date | | | | | |
|---------------|--|---|----------------------------------|---|--------------------------|--|--|--|
| NOTICE: | | This application form is for organizations who whish to regularly work or employ persons to engage in the private security business in the City of Kansas City, Missouri. | | | | | | |
| | | | as a Private Security Comp | tions 17CSR10-2.010, the undersign pany and for the purpose of procu | | | | |
| 1. | Compar | ny Trade Name | | | | | | |
| ٠. | Compai | iy irado riame | Name to appear on license | | | | | |
| | | | All company names must be | e approved by Private Officers Licen | sing Unit (POLU) | | | |
| 2. | Compar Name | ny Legal | | | | | | |
| | Compar | ny Address | | | | | | |
| Company Email | | | Business Phone | | | | | |
| 3. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Street 8 | | Number | | City/Town | | | | |
| | | | | | | | | |
| • | County | | State | Zip | Business Phone | | | |
| 4. | Is this C | ompany using | a fictitious name, that is, a na | me other than someone's full legal r | name? | | | |
| | If yes, h | as this fictitious | s name been registered with th | ne Missouri Secretary of State? | ☐ Yes ☐ No | | | |
| 5. | Is this Company a corporation established in some other state but doing business in Missouri? Yes No If yes, please provide verification that the Company is registered to do business in Missouri and attach a Certificate of Good Standing from the Missouri Secretary of States Office | | | | | | | |
| 6. | Which o | of the following | best defines your Company? | | | | | |
| | a. 🗌 | Contract Serv | rice: contracts to do security b | ousiness with persons or companies | in the Kansas City area. | | | |
| | b. 🗌 | Proprietary: I | n-house security and does no | t contract with private industry to pro | ovide security. | | | |
| | c. 🗌 | Government | Company: Element of the City | y, County, State, or Federal Governr | nent. | | | |
| 7. | suspend the Boa | | I by any element of the City, C | ned on the application, been denied, County, State, or Federal governmen | | | | |

| 8. | Describe uniform and enclose color photograph and patch to be worn; POLU 10-2.060 (4) will approve, in advance all uniforms to be worn by any licensee. | | | | | | | | |
|---|---|------------------|-----------------|--|------------------------------------|-------------------------------------|--|--|--|
| 9. | Photograph and description of all vehicles; all vehicles must clearly state company name and security. | | | | | | | | |
| 10. | 0. Approximate number of persons to be licensed: Armed Unarmed Total | | | | | | | | |
| 11. | The following describes all company owned weapons, in this private security business: Attach additional sheets if necessary. | | | | | | | | |
| | Ма | ke | Model | Serial No. | Type or Desc | cription | | | |
| | | | | | | | | | |
| 12. | State the full name, residence address, and capacity of each of the owners, partners, officers, directors, or associates of the Company. | | | | | | | | |
| | 1. | | | | | | | | |
| | Name | | | | Capacity-President, Director, etc. | | | | |
| | Address | | | | Email | | | | |
| | | Date of Birth | | Social Security # | Signature | | | | |
| | 2. | | | | | | | | |
| | | Name | | Capacity-President, Director, etc. | | | | | |
| | | Address | | | Email | | | | |
| | | Date of Birth | | Social Security # | Signature | | | | |
| 13 | | | • | se who are authorized al pages if necessary. | to sign and do business with | h the Board of Police | | | |
| | Name (Please Type) | | | | Capacity | Email | | | |
| | Address | | | | Telephone Number | | | | |
| | Date of Birth Social Security # | | | Social Security # | Signature | | | | |
| 14. Are all persons listed in questions 12 and 13 citizens of the United States? Please provide copies of birth certificates. | | | | | | ☐ Yes ☐ No | | | |
| 15. | Please provide the Agencies Federal employment Identification Number. | | | | | | | | |
| l ha | ave r | ead this applica | ation for an Co | mpany license and to | the best of my knowledge ar | nd belief the information contained | | | |
| the | rein | is true and corr | ect. | | | | | | |